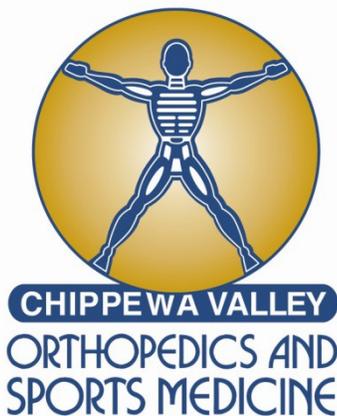


FOOT AND ANKLE SURGERY – WEIGHT BEARING



Dr. Ryan Donegan

This is reconstructive surgery, and therefore needs to be treated as significant surgery. In order to maximize results and ease recovery period, a few helpful tips are presented.

Every effort has been made to maximize outcome with performance of the surgical procedure, and the same effort should be made by you following post-operative instructions to maximize healing and recovery.

Supplementation with vitamin c, a, zinc, and adequate protein intake and good nutrition post-operatively will help to maximize healing potential.

Following the recommended recovery protocol will help to minimize postoperative discomfort and minimize chances of undesired outcomes. This is the usual course of recovery but may need modification depending on clinical exam.

Have any post-operative medications filled immediately and take as prescribed. Eat before taking pain medications, and no alcohol while taking. Narcotic pain medications can cause constipation, and it is recommended you use over-the-counter stool softener. You can utilize Tylenol and ibuprofen to ween off narcotic pain medication; only use these if you have no medical conditions that preclude use. Follow dosage instructions on bottle for these over-the-counter pain relievers. Please notify your physician of any medication intolerance or allergic reactions.

Please report any excess pain or swelling to your physician.

These instructions are to compliment the information given by the nursing staff.

Surgery day: Go directly home and lie down the remainder of day.

Dressings are to be kept clean, dry, and intact. Do not tamper with dressings. A small amount of clear drainage or bleeding is normal. Appearance of a blood spot through the dressing is not unusual. However, if there is active bleeding (large bright red blood area that continues to increase in size), elevate and ice leg, and call surgeon immediately.

Week 1: minimize activity to daily activities of living, elevate surgical leg using pillows behind calf with no pressure to heel, perform icing behind knee and on

foot/ankle for 20 min every hour but do not apply ice directly to skin. Utilize any assistive device to remain weight bearing as tolerated, surgical bandage to remain in place and dry. Bend knee, hip, ankle and toes 10 repetitions every hour.

Week 2: minimize activity to daily activities of living, continue elevation and icing of surgical leg, remain weight bearing as tolerated utilizing assistive devices, cleanse surgical leg with antibacterial soap in shower last, do not soak foot; bend all joints of surgical leg 10 repetitions every hour.

Please discuss driving and flying restrictions with your physician.

Call 911 or present to Emergency Room with any of the following:

Chest pain

Shortness of breath

Call your surgeon if you have any of the following:

Splint or dressings become wet

Swelling in surgical leg not relieved by elevation and icing

Painful calf that is tender and warm to touch

Fever about 101 or shaking/chills

Uncontrolled pain

Drainage, redness, or warmth at the incision

Opening of incision

Cool toes, dark nailbeds (increased swelling, numbness, tingling or blue discoloration of toes)

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